

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number in order of birth stated.

PLACE OF BIRTH		ARIZONA STATE BOARD OF HEALTH	
1. County of <u>Gila</u>	BUREAU OF VITAL STATISTICS		State Index No. <u>125</u>
District of _____	ORIGINAL CERTIFICATE OF BIRTH		County Registrar No. <u>357</u>
Town of _____			Local Registrar No. _____
or _____			
City of <u>Globe</u>	No. _____ St. _____ Ward _____		
(If birth occurred in a hospital or institution, give its NAME instead of street and number)			
2. Full name of child <u>Angelina Flores</u>		If child is not yet named, make supplemental report, as directed.	
3. Sex of Child <u>F</u>	To be answered ONLY in event of plural births.	4. Twin, triplet or other _____	6. Legitimate? <u>yes.</u>
		5. No., in order of birth _____	7. Date of birth <u>4-9-24</u>
		Month Day Year	
8. FATHER		14. MOTHER	
Full name <u>Francisco Flores</u>		Full maiden name <u>Dolores Lees</u>	
9. Residence (Usual place of abode) <u>Globe</u>		15. Residence (Usual place of abode) <u>Globe</u>	
If nonresident, give place and state <u>Arizona</u>		If nonresident, give place and state <u>Arizona</u>	
10. Color or race <u>Mex</u>		16. Color or race <u>Mex.</u>	
11. Age at last birthday <u>49</u> (Years)		17. Age at last birthday <u>38</u> (Years)	
12. Birthplace (city or place) <u>Mexico</u>		18. Birthplace (city or place) <u>Mexico</u>	
(State or country)		(State or country)	
13. Occupation <u>Miner</u>		19. Occupation <u>Housewife</u>	
Nature of industry		Nature of industry	
20. Number of children of this mother		21. Were precautions taken against ophthalmia neonatorum? <u>yes.</u>	
(Taken as of time of birth of child herein certified and including this child.)		(a) Born alive and now living <u>10</u>	
		(b) Born alive but now dead <u>1</u>	
		(c) Stillborn <u>0</u>	
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*			
I hereby certify that I attended the birth of this child, who was <u>born alive</u> at <u>5:30 A.</u> m. on the date above stated.			
(Born alive or stillborn)			
*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.		Signature <u>C. W. Adams</u>	
		(Physician or midwife)	
		Address <u>Globe, Arizona</u>	
Given name added from a supplemental report _____		Filed <u>5-11</u> , 1924 <u>B. G. Jay</u>	
Month, day, year.		Local Registrar.	
Registrar.		County Registrar.	

162-409-432